DOCUMENT RESUME

ED 263 733 EC 181 305

AUTHOR Chan, Sam
TITLE A Model of Parent Education/Training for Asian Populations.
PUB DATE May 85
NOTE 14p.; Paper presented at the Annual Meeting of the American Association on Mental Deficiency (109th, Philadelphia, PA, May 27-31, 1985).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Asian Americans; *Cultural Differences; Curriculum Development; *Developmental Disabilities; *Limited English Speaking; *Models; *Parent Education; Program Effectiveness

ABSTRACT

The Asian and Hispanic Parent Education/Training (PET) Project (California) was designed to develop and implement a parent education model for non- and limited-English speaking, Chinese, Korean, and Spanish-speaking parents with young developmentally disabled children. The PET model featured recruitment and training of bilingual/bicultural training coordinators and parent facilitators, outreach and needs assessment via home visits and parent questionnaires, and curriculum focusing on straightforward, practical information. Curricula featured such topics as medical and genetic aspects of developmental disabilities, behavior management, and legal rights and responsibilities. Evaluation results revealed that parent facilitators increased their skills, parents and staff reported specific individual behavioral changes, and groups grew in group cohesiveness, collective problem solving, and emotional support. Participants were consistently positive in their feedback about the program. Additional project accomplishments include development of curriculum materials in Asian languages and strengthened interagency/organization networks throughout the state. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED263733

A MODEL OF PARENT EDUCATION/TRAINING FOR ASIAN POPULATIONS

Sam Chan

University Affiliated Program
Childrens Hospital of Los Angeles

Paper presented at the 109th Annual Meeting of the American Association on Mental Deficiency, Philadelphia, May, 1985.

EC181305

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Sam Chan

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Introduction

Within the next fifteen years, the Asian population will approximately double to reach between 10.5 and 11.5 million - thus representing the highest percentage growth of any major ethnic group in the United States (Levy, 1982). Millions of new immigrants will have primarily contributed to this dramatically accelerated population growth. Moreover, demographic trends indicate that recent Asian immigrants have and will continue to be characterized by predominantly non-English speaking families with young children, including significant numbers of children with developmental disabilities.

Such population trends and characteristics have exacerbated the long-standing problem of multiple barriers which inhibit access to needed services and information. Language is predictably one of the most significant barriers. The lack of language-appropriate informational materials for non-English speaking individuals is compounded by the lack of bilingual, bicultural personnel among provider agencies. Another major barrier is the lack of culturally responsive service models which address relevant cultural orientations and behaviors affecting service utilization. Non-English speaking individuals are also in great need of specific information concerning resources, rights, and responsibilities; such information is often inaccessible because of earlier noted language barriers as well as inadequate or inappropriate outreach methods employed by provider agencies.

Among these service barriers, the lack of qualified bilingual, bicultural personnel is particularly evident in the special education system. In fact, the acute shortage of credentialed bilingual teachers and other school personnel has reinforced the significance of original PL 94-142 mandates dictating parent involvement in the process of planning, implementing, and evaluating the child's education at home, at school and in the community. Moreover, the recent PL 98-199 amendments support meaningful involvement through the provision of

appropriate training and information to parents of handicapped children.

Education and training programs for ethnic minority parents are thus viewed as an essential means of promoting access to needed services as well as increased parent involvement in the development of policies and programs for children with developmental special needs. The critical need for corresponding culturally/linguistically appropriate training models and materials led to the establishment of the "Asian and Hispanic Parent Education/Training (PET) Project".

The PET Project was initiated in October, 1983 through a one-year Program Development Fund grant award from the California Department of Developmental Services. As the first statewide program of its kind, the PET Project was designed to develop and implement a model of comprehensive parent education for non- and limited-English speaking Chinese parents (in the San Francisco and East Bay areas) and Korean and Spanish-speaking parents (in Los Angeles) with young developmentally disabled children (birth - twelve years). The basic elements of the project model and corresponding methodologies, materials, and findings (pertaining to the Asian families served) are further described.

THE PET MODEL

Staff Recruitment and Training

The principal project staff who were initially recruited to serve the respective ethnic parent groups consisted of bilingual/bicultural Training Coordinators and Parent Facilitators. The training coordinator was responsible for implementing each of the major project objectives which included outreach and recruitment (publicizing the parent education program and identifying parent participants), conducting systematic parent needs assessments, developing the parent education program curricula and materials, collecting and evaluating outcome data, and providing follow-up support/training to

parent participants. The parent facilitator was selected on the basis of their experience as a parent of a developmentally disabled child and their potential for serving as an effective group facilitator with parent organization and leadership skills. The parent facilitator assisted the training coordinator in implementing project objectives; together they served as team trainers and co-leaders in conducting their parent groups. (The "parent facilitator" role is derived from the "Connections" model of parent training which was originally developed and field tested for English-speaking parents served through the San Diego Unified School District.)

The training coordinators and parent facilitators received preliminary training relevant to implementation of the initial parent education series. Training addressed the subjects of adult learning principles, effective teaching modalities, communication and leadership skills, group process variables, and culture-specific group interaction and participation factors. Training also included curriculum format considerations and guidelines for invited speakers who would be presenting on various topics throughout the first series.

Apart from such training, the training coordinators and parent facilitators were originally selected on the basis of their potential for establishing successful rapport and working relationships with parent participants. They needed to demonstrate a high level of sensitivity and versatility in effectively responding to the diverse nationalities, dialects, cultural orientations, educational levels, and social class characteristics of parents who ultimately participated in the program. Staff further needed to comprehend and appreciate the life experiences of families with special needs children in addition to the immigrant experiences of each parent.

Outreach and Needs Assessment

A variety of parent recruitment strategies were utilized among the respective project sites. Corresponding outreach activities included collaboration with selected Project Advisory Committee members and seeking referrals from service provider representatives of various community agencies and allied health professionals serving the targeted client populations. At selected sites, more extensive outreach efforts entailed dissemination of Project information through articles/announcements in various agency newsletters, ethnic newspapers and television programs, and presentations to community organizations.

Upon indicating an initial interest in participating in the program, individual parents were personally contacted by staff who arranged and conducted home visits. During home visits, a "parent questionnaire" was informally administered in order to solicit information about family background (social, demographic) data, the child's handicapping condition (history and current parental perceptions/status), services/support received and needed, and parental expectations for the child. Parents were also asked to complete a "needs assessment survey" in which they rated potential curriculum topics in terms of degree of interest and their specific information needs.

A total of 56 parents representing 43 developmentally disabled children ultimately participated in the program. Among the parent participants were 16 fathers and 40 mothers. Their mean age was 37 years (range: 26-50 years) and all but one were foreign-born (mean years in U.S.: 7). The parents' educational levels varied from no formal education to college/university graduates (86% were high school graduates or above). Chinese and Korean

were the primary languages of the home for the participants in the respective parent groups. Within the families served were 43 developmentally disabled children (26 males, 17 females) who ranged in age from 6 months to 12 years (mean age: 5 years). They presented with primary diagnoses of cerebral palsy, mental retardation, epilepsy, autism, neurological disorders and/or related conditions; the majority of children were mentally retarded, including 8 with Down's Syndrome.

The systematic parent needs assessments which were conducted yielded valuable information which was subsequently incorporated into the development of curriculum topics for each respective site. From the onset, it became obvious that the majority of parents desired (and were in great need of) objective information about their child's specific handicapping conditions (particularly with respect to etiology, associated characteristics, and corresponding needs). Parents at each site were also unanimously interested in acquiring skills to promote their child's development in various domains. Information about rights, resources, and how to effectively utilize available services was also viewed by most parents as highly important. Coping emotionally with a handicapped child and reducing family stress further proved to be popular topics and later (when presented during the training series) had a major impact in facilitating group identification, cohesiveness and increased participation.

Curriculum Development

Data obtained from the needs assessments served to assist staff in prioritizing topic areas and were incorporated into the curriculum development process. Pertinent written materials and handouts were prepared in the Chinese and Korean languages and designed to be straightforward

and practical in content. Throughout this process, previously developed English language materials were adapted for various topics and modified to be compatible with the unique cultural, linguistic, and learning characteristics of each group of parents. Simple literal translation of materials was avoided.

Various educational and training formats were also developed. Efforts were made to minimize didactic, lecture-oriented presentations; thus, respective presenters for each session were prepared in advance with guidelines for conducting relatively brief presentations and were given sample curriculum materials as well as information about the characteristics and relevant needs/concerns of the children and parents. The primary focus of each session was on experiential learning through participant discussion, personal reflection, disclosure, question-answer exchanges, and group problem-solving. Corresponding teaching and group facilitation techniques were thus utilized in sustaining participant interest and active involvement in each session.

Implementation

The parent education curricula were implemented at each site throughout an initial 10-11 session series of consecutive weekly meetings (each 2-3 hours in duration). The topics corresponding to the various sessions included: Medical and Genetics Aspects of Developmental Disabilities; Overview of Child Development Principles; Improving your Child's Motor, Cognitive, Language, Social, and Self-help Skills; Behavior Management; Stress and Coping with a Handicapped Child; Legal Rights and Responsibilities; Community Resources; and Advocacy Strategies. The sessions were each conducted in the parents' respective native languages. Most of the invited presenters and parent consultants (24 out of 34) were bilingual and thus able to directly conduct their presentations/discussions in Chinese (Cantonese/Mandarin dialects) or Korean; project staff served as

skilled translators for the English-speaking presenters. Corresponding written materials in the various languages were also distributed to parent participants.

Following completion of the initial parent education series, curriculum materials and methodologies were reviewed and refined. Parent participant feedback was incorporated in this process. The principal changes entailed augmentation of popular topics and written materials and development of selected new materials in order to accommodate new parent participants' learning styles, interests, needs, and their children's respective age ranges and developmental levels.

New parent participants were thus recruited for a second 10-11 session series conducted at each site. In addition to the parents, bilingual/bicultural providers representing various disciplines and agencies were also invited to join selected groups. They assumed roles as participant observers and trainees in order to directly experience the implementation of the PET model and to further acquire skills in developing and conducting similar parent groups.

Evaluation and Outcome

The training coordinators were highly successful in facilitating necessary arrangements and preparations for each session. Interim weekly phone or personal contact with individual parent participants by the training coordinators and parent facilitators served to enhance parent involvement in each successive session. Consistently good participant attendance (ranging from 80-100%) was maintained at each site. The training coordinators also engaged in an ongoing evaluation process with the parent facilitators whereby their respective group facilitation skills were assessed for each session. The parent facilitators acquired increasingly sophisticated skills with respect to stimulating participant discussion, sustaining parent interest, motivating follow-through on

various recommendations, and creating an atmosphere which engendered mutual trust, openness, and support.

Apart from evaluation of relative staff effectiveness, the impact of the program on parent participants was highly significant at a number of different levels. One of the most noteworthy developments in each of the sites was the accelerated growth in group cohesiveness, collective problem-solving, personalized sharing of experiences/conflicts, and emotional support. Parents who were originally observed to be relatively isolated, nonverbal, reserved and/or experiencing significant personal difficulties began participating more actively in group and, in selected cases, were reported by outside agency staff to be similarly more active and positively involved in their child's programming. As "adult learners" the participants were also noted to develop improved active listening skills, were recording information presented and seeking out additional reading materials and resources, asked many questions of staff and presenters, and engaged in productive group discussions.

Specific individual behavioral changes were further reported by the parents themselves and observed by staff and associated providers. Parents indicated, for example, that the program had prompted them to engage in more frequent and systematic stimulation of their child with respect to motor, cognitive, language, and social development, while observing corresponding improvements in their child's functioning; a number of parents also reported positive changes in the areas of teaching self-help skills and managing problem behaviors. Parents further stated that the program helped them to gain valuable insights into the specific nature and possible causes of their child's disabilities and corresponding needs - thus, enabling them to develop realistic expectations and, in turn, to educate and support other family members (particularly spouses and older siblings) in gaining similar

perspectives. While encouraging parents to develop more positive attitudes and family dynamics, the program was therefore influential in facilitating participants' acquisition of improved personal coping, parenting, and advocacy skills. Consequently, many succeeded in overcoming varying levels of stigma, shame, and isolation which they have experienced as parents of disabled children.

The participants' formal/informal evaluation of the program yielded consistently positive feedback in relation to both curriculum format and content. They generally found the information presented to be relevant and practical in meeting their needs. The primary frustration was the lack of adequate time to address the various topics in depth within the two-hour period allocated for each session. Parents responded to this frustration by asking for additional opportunities to attend future presentations subsequent to their completion of the series. In order to address parent concerns for more time, selected topics were covered in additional sessions. Individual parents were also provided with follow-up resources and time to explore their particular needs relative to topics which were presented in sessions that they considered too brief.

Follow-up Support and Program Development

As previously noted, a number of parents received individual follow-up assistance by project staff with respect to obtaining various support services for their children. Many such parents were more aware of their children's specific needs, corresponding community resources, their rights, and how to access various service delivery systems as a direct result of their PET program participation. They thus served as effective advocates and highly motivated "partners" with project staff in the process of seeking supportive services in an increasingly self-reliant manner.

This partnership further evolved in the collaborative endeavors to develop ongoing support networks among PET Project parent "alumni". At each site, many of the original parent participants joined the second-series parent groups for selected sessions in order to share expertise, experiences, and provide inspirational support to the new participants. Moreover, parents succeeded in maintaining personal relationships with one another as well as informal group affiliations which led to more systematic efforts to secure additional resources needed to continue their educational/support activities. In fact, the Chinese-speaking parents proceeded to establish the "Association of Bay Area Chinese Parents of the Disabled" and have since developed an organizational structure to provide ongoing mutual support, education/training, advocacy, and networking among Chinese parents of developmentally disabled children. Thus, subsequent formal and informal group organization activities among parents were considered a major positive outcome which the project served to promote.

The development of curriculum materials in the respective languages and documentation of corresponding training methodologies also represents a unique contribution to the field. Such materials have not been previously available with respect to many subject areas. Developmental service providers have been constrained by the lack of adequate resources to address the information and service needs of various non-English speaking Asian families. The broad-based dissemination of Project materials will thus augment existing limited resources and hopefully prompt parents, advocates, and providers to develop similar programs in their respective communities.

One other major project accomplishment was the strengthening of inter-agency/organization networks throughout the State in an effort to systematically address the needs of underserved populations. Corresponding

communication and collaboration among various constituents and agency representatives has resulted in statewide planning efforts which continue to evolve in a coordinated and sequential manner. A product of such efforts is the "Multicultural Training-or-Trainers (MTOT) Project". The MTOT Project, funded through the U.S. Department of Education (Office of Special Education and Rehabilitative Services) has enabled project staff to continue serving each of the originally targeted ethnic groups during the first year (1984-85) of a two-year parent training project. The primary goal of the MTOT Project is to refine and implement culturally and linguistically appropriate education/training programs for underserved Asian, Black, and Latino parents which will enable them to participate more effectively with professionals in meeting the educational needs of their handicapped children. Among the parents and providers who have been selected as trainers of other parents in this program are a significant number of individuals who were originally trained and served as participants in the PET Project. In fact, upon completing their training in the ten-week PET program, selected Chinese and Korean parents participated in a preliminary training-of-trainers program which provided them with an intensive two-day training experience and refined advocacy skills. The Project thus prepared these participants for subsequent group organization and leadership roles and enabled them to impact additional numbers of non-English speaking parents of special needs children in their respective communities. While the resources for originally targeted parent groups are augmented in the first MTOT Project year, second-year project activities will allow for expansion of services to other ethnic minorities (Black and Indochinese populations) as well as to other regions in the State.

CONCLUSION

The Asian and Hispanic Parent Education/Training Project represents a beginning effort to enhance tranditionally scarce parent training resources for Asian and Latino populations while further providing a foundation for continuity and expansion of such resources. As a short-term demonstration project, it served to focus attention on these populations and to generate a collective momentum among participating agencies and organization as well as coalition building among ethnic minority groups - particularly Asians and Latinos with distinct language needs. However, expanded and sustained commitment of resources to effective outreach, training, and service models must occur among major institutions mandated to serve handicapped children and their families.

In the meantime, ethnic minority parents and community advocates should be supported in their efforts to develop formal/informal support networks and organizations. Moreover, opportunities for linkages with other major parent groups are necessary. Ultimately, the goals of "parent involvement", "parent power" and "parent/professional partnerships" will emerge as either less threatening or more than idealistic, but poorly operationalized legal mandates. A constructive, dynamic process of communication and collaboration among the diverse individuals who parent and serve handicapped children is challenging, yet well worth struggling for.